

Plan Name:
 County: Fresno
 Aid Code Grouping: Family

Plan # :
 Date: 23-Jul-02
 Plan Type: Commercial Plan

The Rate Period is October 1, 2001 to September 30, 2002

Capitation Payments at the End of the Month

Coverages (C = Covered by Plan, N = NOT Covered by Plan)

| | | | |
|---------------------------|---|--|---|
| CCS Indicated Claims | N | AIDS Waiver | N |
| GHPP | N | In Home Waiver | N |
| Hemodialysis | C | Model NF Waiver | N |
| Major Organ Transplants | N | Adult Day Health Care | N |
| Out-of-State | C | Newborn Hearing Screens | N |
| Chiropractor | N | Psychiatric Drugs | N |
| Local Education Authority | N | AIDS Drugs | N |
| Psychiatrist | N | Injections | C |
| Acupuncturist | N | MH - Hospital Inpatient | N |
| Alphafeto Protein Testing | N | MH - Outpatient Services | N |
| Heroin Detoxification | N | Long Term Care for month of entry plus one | C |
| Direct Observed Therapy | N | Long Term Care after month of entry plus one | N |
| Lenses for eyewear | N | CHDP | C |

Rate Calculation

| | Physician | Pharmacy | Hospital Inpatient | Hospital Outpatient | Long Term Care | Other | Total |
|-----------------------------|-----------|----------|-----------------------|------------------------|-------------------|--------|---------|
| 1. Average Cost Per Unit | \$66.25 | \$23.82 | \$1,100.37 | \$20.37 | \$229.41 | \$8.79 | |
| 2. Units per Eligible/year | 5.957 | 3.361 | 0.304 | 2.609 | 0.009 | 6.410 | |
| Cost per Elig. per Mo. | \$32.89 | \$6.67 | \$27.88 | \$4.43 | \$0.17 | \$4.70 | \$76.74 |
| 3. Adjustments | | | | | | | |
| a. Age/Sex | 0.928 | 0.950 | 0.905 | 0.932 | 1.000 | 0.961 | |
| b. Area | 0.915 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | |
| c. Coverages | 0.975 | 0.992 | 0.968 | 0.956 | 0.995 | 0.868 | |
| d. Interest | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | |
| Adjusted Base Cost | \$27.23 | \$6.29 | \$24.42 | \$3.95 | \$0.17 | \$3.92 | \$65.98 |
| 4. Legislative Adjustments | 1.221 | 0.869 | 1.029 | 1.433 | 1.436 | 1.079 | |
| 5. Trend Adjustments | | | | | | | |
| a. Cost per Unit | 1.000 | 1.262 | 1.040 | 1.000 | 1.000 | 1.000 | |
| b. Units per Eligible | 1.000 | 1.180 | 1.066 | 1.000 | 1.000 | 1.148 | |
| Projected Cost per Eligible | \$33.25 | \$8.14 | \$27.86 | \$5.66 | \$0.24 | \$4.86 | \$80.01 |
| 6. CHDP | | | | | | | 4.88 |
| 7. Adjustment to Pool | | | | | | 12.1% | 9.68 |
| Capitation Rate | | | | | | | \$94.57 |

Plan Name:
 County: Fresno
 Aid Code Grouping: Disabled

Plan #: Date: 23-Jul-02
 Plan Type: Commercial Plan

The Rate Period is October 1, 2001 to September 30, 2002 Capitation Payments at the End of the Month

Coverages (C = Covered by Plan, N = NOT Covered by Plan)

| | | | |
|---------------------------|---|--|---|
| CCS Indicated Claims | N | AIDS Waiver | N |
| GHPP | N | In Home Waiver | N |
| Hemodialysis | C | Model NF Waiver | N |
| Major Organ Transplants | N | Adult Day Health Care | N |
| Out-of-State | C | Newborn Hearing Screens | N |
| Chiropractor | N | Psychiatric Drugs | N |
| Local Education Authority | N | AIDS Drugs | N |
| Psychiatrist | N | Injections | C |
| Acupuncturist | N | MH - Hospital Inpatient | N |
| Alphafeto Protein Testing | N | MH - Outpatient Services | N |
| Heroin Detoxification | N | Long Term Care for month of entry plus one | C |
| Direct Observed Therapy | N | Long Term Care after month of entry plus one | N |
| Lenses for eyewear | N | CHDP | C |

| Rate Calculation | Physician | Pharmacy | Hospital Inpatient | Hospital Outpatient | Long Term Care | Other | Total |
|-----------------------------|-----------|----------|--------------------|---------------------|----------------|---------|----------|
| 1. Average Cost Per Unit | \$20.15 | \$50.42 | \$658.22 | \$18.26 | \$184.85 | \$7.07 | |
| 2. Units per Eligible/year | 13.720 | 21.892 | 1.011 | 6.029 | 0.452 | 63.930 | |
| Cost per Elig. per Mo. | \$23.04 | \$91.98 | \$55.46 | \$9.17 | \$6.96 | \$37.67 | \$224.28 |
| 3. Adjustments | | | | | | | |
| a. Age/Sex | 1.050 | 0.933 | 1.007 | 1.104 | 0.919 | 1.084 | |
| b. Area | 0.915 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | |
| c. Coverages | 0.900 | 0.875 | 0.920 | 0.973 | 0.995 | 0.877 | |
| d. Interest | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | |
| Adjusted Base Cost | \$19.92 | \$75.09 | \$51.38 | \$9.85 | \$6.36 | \$35.81 | \$198.41 |
| 4. Legislative Adjustments | 1.099 | 0.888 | 0.965 | 1.425 | 1.442 | 0.987 | |
| 5. Trend Adjustments | | | | | | | |
| a. Cost per Unit | 1.000 | 1.262 | 1.194 | 1.000 | 1.000 | 1.000 | |
| b. Units per Eligible | 1.073 | 1.180 | 0.863 | 0.929 | 1.000 | 1.148 | |
| Projected Cost per Eligible | \$23.49 | \$99.30 | \$51.09 | \$13.04 | \$9.17 | \$40.58 | \$236.67 |
| 6. CHDP | | | | | | | 0.00 |
| 7. Adjustment to Pool | | | | | | 12.1% | 28.64 |
| Capitation Rate | | | | | | | \$265.31 |

Plan Name:
 County: Fresno
 Aid Code Grouping: Aged

Plan # :
 Date: 23-Jul-02
 Plan Type: Commercial Plan

The Rate Period is October 1, 2001 to September 30, 2002

Capitation Payments at the End of the Month

Coverages (C = Covered by Plan, N = NOT Covered by Plan)

| | | | |
|---------------------------|---|--|---|
| CCS Indicated Claims | N | AIDS Waiver | N |
| GHPP | N | In Home Waiver | N |
| Hemodialysis | C | Model NF Waiver | N |
| Major Organ Transplants | N | Adult Day Health Care | N |
| Out-of-State | C | Newborn Hearing Screens | N |
| Chiropractor | N | Psychiatric Drugs | N |
| Local Education Authority | N | AIDS Drugs | N |
| Psychiatrist | N | Injections | C |
| Acupuncturist | N | MH - Hospital Inpatient | N |
| Alphafeto Protein Testing | N | MH - Outpatient Services | N |
| Heroin Detoxification | N | Long Term Care for month of entry plus one | C |
| Direct Observed Therapy | N | Long Term Care after month of entry plus one | N |
| Lenses for eyewear | N | CHDP | C |

Rate Calculation

| | Physician | Pharmacy | Hospital Inpatient | Hospital Outpatient | Long Term Care | Other | Total |
|-----------------------------|-----------|----------|--------------------|---------------------|----------------|---------|----------|
| 1. Average Cost Per Unit | \$16.06 | \$38.28 | \$311.22 | \$11.67 | \$177.26 | \$6.49 | |
| 2. Units per Eligible/year | 11.563 | 16.963 | 0.819 | 3.904 | 1.049 | 42.784 | |
| Cost per Elig. per Mo. | \$15.48 | \$54.11 | \$21.24 | \$3.80 | \$15.50 | \$23.14 | \$133.27 |
| 3. Adjustments | | | | | | | |
| a. Age/Sex | 1.030 | 0.977 | 0.983 | 1.050 | 0.791 | 0.967 | |
| b. Area | 0.915 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | |
| c. Coverages | 0.981 | 0.996 | 0.997 | 0.986 | 0.997 | 0.781 | |
| d. Interest | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | |
| Adjusted Base Cost | \$14.31 | \$52.65 | \$20.82 | \$3.93 | \$12.22 | \$17.48 | \$121.41 |
| 4. Legislative Adjustments | 0.984 | 0.879 | 0.969 | 1.423 | 1.433 | 0.963 | |
| 5. Trend Adjustments | | | | | | | |
| a. Cost per Unit | 1.000 | 1.262 | 1.194 | 1.000 | 1.000 | 1.000 | |
| b. Units per Eligible | 1.073 | 1.180 | 0.929 | 1.066 | 0.929 | 1.148 | |
| Projected Cost per Eligible | \$15.11 | \$68.92 | \$22.38 | \$5.96 | \$16.27 | \$19.32 | \$147.96 |
| 6. CHDP | | | | | | | 0.00 |
| 7. Adjustment to Pool | | | | | | 12.1% | 17.90 |
| Capitation Rate | | | | | | | \$165.86 |

Plan Name:
 County: Fresno
 Aid Code Grouping: Child

Plan # :
 Date: 23-Jul-02
 Plan Type: Commercial Plan

The Rate Period is October 1, 2001 to September 30, 2002 Capitation Payments at the End of the Month

Coverages (C = Covered by Plan, N = NOT Covered by Plan)

| | | | |
|---------------------------|---|--|---|
| CCS Indicated Claims | N | AIDS Waiver | N |
| GHPP | N | In Home Waiver | N |
| Hemodialysis | C | Model NF Waiver | N |
| Major Organ Transplants | N | Adult Day Health Care | N |
| Out-of-State | C | Newborn Hearing Screens | N |
| Chiropractor | N | Psychiatric Drugs | N |
| Local Education Authority | N | AIDS Drugs | N |
| Psychiatrist | N | Injections | C |
| Acupuncturist | N | MH - Hospital Inpatient | N |
| Alphafeto Protein Testing | N | MH - Outpatient Services | N |
| Heroin Detoxification | N | Long Term Care for month of entry plus one | C |
| Direct Observed Therapy | N | Long Term Care after month of entry plus one | N |
| Lenses for eyewear | N | CHDP | C |

Rate Calculation

| | Physician | Pharmacy | Hospital Inpatient | Hospital Outpatient | Long Term Care | Other | Total |
|-----------------------------|-----------|----------|--------------------|---------------------|----------------|--------|----------|
| 1. Average Cost Per Unit | \$58.40 | \$17.50 | \$1,088.78 | \$18.79 | \$140.26 | \$6.45 | |
| 2. Units per Eligible/year | 5.196 | 3.068 | 0.436 | 2.787 | 0.019 | 10.564 | |
| Cost per Elig. per Mo. | \$25.29 | \$4.47 | \$39.56 | \$4.36 | \$0.22 | \$5.68 | \$79.58 |
| 3. Adjustments | | | | | | | |
| a. Age/Sex | 1.066 | 1.039 | 1.050 | 1.061 | 1.000 | 1.014 | |
| b. Area | 0.915 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | |
| c. Coverages | 0.974 | 0.984 | 0.952 | 0.973 | 0.996 | 0.882 | |
| d. Interest | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | |
| Adjusted Base Cost | \$24.03 | \$4.57 | \$39.54 | \$4.50 | \$0.22 | \$5.08 | \$77.94 |
| 4. Legislative Adjustments | 1.116 | 0.875 | 1.035 | 1.427 | 1.424 | 1.082 | |
| 5. Trend Adjustments | | | | | | | |
| a. Cost per Unit | 1.000 | 1.262 | 1.040 | 1.000 | 1.000 | 1.000 | |
| b. Units per Eligible | 1.000 | 1.180 | 1.066 | 1.000 | 1.000 | 1.148 | |
| Projected Cost per Eligible | \$26.82 | \$5.95 | \$45.37 | \$6.42 | \$0.31 | \$6.31 | \$91.18 |
| 6. CHDP | | | | | | | 4.08 |
| 7. Adjustment to Pool | | | | | | 12.1% | 11.03 |
| Capitation Rate | | | | | | | \$106.29 |

Plan Name:
 County: Fresno
 Aid Code Grouping: Adult

Plan #: Date: 23-Jul-02
 Plan Type: Commercial Plan

The Rate Period is October 1, 2001 to September 30, 2002

Capitation Payments at the End of the Month

Coverages (C = Covered by Plan, N = NOT Covered by Plan)

| | | | |
|---------------------------|---|--|---|
| CCS Indicated Claims | N | AIDS Waiver | N |
| GHPP | N | In Home Waiver | N |
| Hemodialysis | C | Model NF Waiver | N |
| Major Organ Transplants | N | Adult Day Health Care | N |
| Out-of-State | C | Newborn Hearing Screens | N |
| Chiropractor | N | Psychiatric Drugs | N |
| Local Education Authority | N | AIDS Drugs | N |
| Psychiatrist | N | Injections | C |
| Acupuncturist | N | MH - Hospital Inpatient | N |
| Alphafeto Protein Testing | N | MH - Outpatient Services | N |
| Heroin Detoxification | N | Long Term Care for month of entry plus one | C |
| Direct Observed Therapy | N | Long Term Care after month of entry plus one | N |
| Lenses for eyewear | N | CHDP | C |

Rate Calculation

| | Physician | Pharmacy | Hospital Inpatient | Hospital Outpatient | Long Term Care | Other | Total |
|-----------------------------|-----------|----------|--------------------|---------------------|----------------|---------|----------|
| 1. Average Cost Per Unit | \$164.23 | \$19.84 | \$1,067.52 | \$19.73 | \$0.00 | \$30.86 | |
| 2. Units per Eligible/year | 22.157 | 4.314 | 4.387 | 17.657 | 0.000 | 8.468 | |
| Cost per Elig. per Mo. | \$303.24 | \$7.13 | \$390.27 | \$29.03 | \$0.00 | \$21.78 | \$751.45 |
| 3. Adjustments | | | | | | | |
| a. Age/Sex | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | |
| b. Area | 0.915 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | |
| c. Coverages | 0.999 | 0.999 | 0.999 | 0.989 | 1.000 | 0.887 | |
| d. Interest | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | |
| Adjusted Base Cost | \$277.19 | \$7.12 | \$389.88 | \$28.71 | \$0.00 | \$19.32 | \$722.22 |
| 4. Legislative Adjustments | 1.060 | 0.872 | 1.016 | 1.432 | 1.242 | 1.045 | |
| 5. Trend Adjustments | | | | | | | |
| a. Cost per Unit | 1.000 | 1.262 | 1.040 | 1.000 | 1.000 | 1.000 | |
| b. Units per Eligible | 1.000 | 1.180 | 1.066 | 1.000 | 1.000 | 1.148 | |
| Projected Cost per Eligible | \$293.82 | \$9.25 | \$439.15 | \$41.11 | \$0.00 | \$23.18 | \$806.51 |
| 6. CHDP | | | | | | | 0.00 |
| 7. Adjustment to Pool | | | | | | 12.1% | 97.59 |
| Capitation Rate | | | | | | | \$904.10 |

Plan Name:
 County: Fresno
 Aid Code Grouping: AIDS

Plan #: Date: 23-Jul-02
 Plan Type: Commercial Plan

The Rate Period is October 1, 2001 to September 30, 2002

Capitation Payments at the End of the Month

Coverages (C = Covered by Plan, N = NOT Covered by Plan)

| | | | |
|---------------------------|---|--|---|
| CCS Indicated Claims | N | AIDS Waiver | N |
| GHPP | N | In Home Waiver | N |
| Hemodialysis | C | Model NF Waiver | N |
| Major Organ Transplants | N | Adult Day Health Care | N |
| Out-of-State | C | Newborn Hearing Screens | N |
| Chiropractor | N | Psychiatric Drugs | N |
| Local Education Authority | N | AIDS Drugs | N |
| Psychiatrist | N | Injections | C |
| Acupuncturist | N | MH - Hospital Inpatient | N |
| Alphafo Protein Testing | N | MH - Outpatient Services | N |
| Heroin Detoxification | N | Long Term Care for month of entry plus one | C |
| Direct Observed Therapy | N | Long Term Care after month of entry plus one | N |
| Lenses for eyewear | N | CHDP | C |

Rate Calculation

| | Physician | Pharmacy | Hospital Inpatient | Hospital Outpatient | Long Term Care | Other | Total |
|-----------------------------|-----------|----------|--------------------|---------------------|----------------|---------|----------|
| 1. Average Cost Per Unit | \$25.87 | \$141.75 | \$658.22 | \$17.75 | \$228.06 | \$14.00 | |
| 2. Units per Eligible/year | 29.254 | 46.897 | 3.823 | 28.506 | 0.450 | 78.563 | |
| Cost per Elig. per Mo. | \$63.07 | \$553.97 | \$209.70 | \$42.17 | \$8.55 | \$91.66 | \$969.12 |
| 3. Adjustments | | | | | | | |
| a. Age/Sex | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | |
| b. Area | 0.915 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | |
| c. Coverages | 0.918 | 0.663 | 0.957 | 0.992 | 0.998 | 0.642 | |
| d. Interest | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | |
| Adjusted Base Cost | \$52.98 | \$367.28 | \$200.68 | \$41.83 | \$8.53 | \$58.85 | \$730.15 |
| 4. Legislative Adjustments | 1.070 | 0.826 | 0.989 | 1.378 | 1.529 | 1.001 | |
| 5. Trend Adjustments | | | | | | | |
| a. Cost per Unit | 1.000 | 1.262 | 1.194 | 1.000 | 1.000 | 1.000 | |
| b. Units per Eligible | 1.073 | 1.180 | 0.863 | 0.929 | 1.000 | 1.148 | |
| Projected Cost per Eligible | \$60.83 | \$451.77 | \$204.51 | \$53.55 | \$13.04 | \$67.63 | \$851.33 |
| 6. CHDP | | | | | | | 0.00 |
| 7. Adjustment to Pool | | | | | | 12.1% | 103.01 |
| Capitation Rate | | | | | | | \$954.34 |

Plan Name:
 County: Kern
 Aid Code Grouping: Family

Plan #: Date: 23-Jul-02
 Plan Type: Commercial Plan

The Rate Period is October 1, 2001 to September 30, 2002 Capitation Payments at the End of the Month

Coverages (C = Covered by Plan, N = NOT Covered by Plan)

| | | | |
|---------------------------|---|--|---|
| CCS Indicated Claims | N | AIDS Waiver | N |
| GHPP | N | In Home Waiver | N |
| Hemodialysis | C | Model NF Waiver | N |
| Major Organ Transplants | N | Adult Day Health Care | N |
| Out-of-State | C | Newborn Hearing Screens | N |
| Chiropractor | N | Psychiatric Drugs | N |
| Local Education Authority | N | AIDS Drugs | N |
| Psychiatrist | N | Injections | C |
| Acupuncturist | N | MH - Hospital Inpatient | N |
| Alphafeto Protein Testing | N | MH - Outpatient Services | N |
| Heroin Detoxification | N | Long Term Care for month of entry plus one | C |
| Direct Observed Therapy | N | Long Term Care after month of entry plus one | N |
| Lenses for eyewear | N | CHDP | C |

Rate Calculation

| | Physician | Pharmacy | Hospital Inpatient | Hospital Outpatient | Long Term Care | Other | Total |
|-----------------------------|-----------|----------|--------------------|---------------------|----------------|--------|---------|
| 1. Average Cost Per Unit | \$66.25 | \$23.82 | \$1,122.09 | \$20.37 | \$229.41 | \$8.79 | |
| 2. Units per Eligible/year | 5.957 | 3.361 | 0.304 | 2.609 | 0.009 | 6.410 | |
| Cost per Elig. per Mo. | \$32.89 | \$6.67 | \$28.43 | \$4.43 | \$0.17 | \$4.70 | \$77.29 |
| 3. Adjustments | | | | | | | |
| a. Age/Sex | 0.948 | 0.944 | 0.932 | 0.951 | 1.000 | 0.965 | |
| b. Area | 0.915 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | |
| c. Coverages | 0.975 | 0.992 | 0.968 | 0.956 | 0.995 | 0.868 | |
| d. Interest | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | |
| Adjusted Base Cost | \$27.82 | \$6.25 | \$25.65 | \$4.03 | \$0.17 | \$3.94 | \$67.86 |
| 4. Legislative Adjustments | 1.221 | 0.869 | 1.029 | 1.433 | 1.436 | 1.079 | |
| 5. Trend Adjustments | | | | | | | |
| a. Cost per Unit | 1.000 | 1.262 | 1.040 | 1.000 | 1.000 | 1.000 | |
| b. Units per Eligible | 1.000 | 1.180 | 1.066 | 1.000 | 1.000 | 1.148 | |
| Projected Cost per Eligible | \$33.97 | \$8.09 | \$29.26 | \$5.77 | \$0.24 | \$4.88 | \$82.21 |
| 6. CHDP | | | | | | | 4.88 |
| 7. Adjustment to Pool | | | | | | 12.1% | 9.95 |
| Capitation Rate | | | | | | | \$97.04 |

Plan Name:
 County: Kern
 Aid Code Grouping: Disabled

Plan #: Date: 23-Jul-02
 Plan Type: Commercial Plan

The Rate Period is October 1, 2001 to September 30, 2002 Capitation Payments at the End of the Month

Coverages (C = Covered by Plan, N = NOT Covered by Plan)

| | | | |
|---------------------------|---|--|---|
| CCS Indicated Claims | N | AIDS Waiver | N |
| GHPP | N | In Home Waiver | N |
| Hemodialysis | C | Model NF Waiver | N |
| Major Organ Transplants | N | Adult Day Health Care | N |
| Out-of-State | C | Newborn Hearing Screens | N |
| Chiropractor | N | Psychiatric Drugs | N |
| Local Education Authority | N | AIDS Drugs | N |
| Psychiatrist | N | Injections | C |
| Acupuncturist | N | MH - Hospital Inpatient | N |
| Alphafeto Protein Testing | N | MH - Outpatient Services | N |
| Heroin Detoxification | N | Long Term Care for month of entry plus one | C |
| Direct Observed Therapy | N | Long Term Care after month of entry plus one | N |
| Lenses for eyewear | N | CHDP | C |

| Rate Calculation | Physician | Pharmacy | Hospital Inpatient | Hospital Outpatient | Long Term Care | Other | Total |
|-----------------------------|-----------|----------|--------------------|---------------------|----------------|---------|----------|
| 1. Average Cost Per Unit | \$20.15 | \$50.42 | \$453.91 | \$18.26 | \$184.85 | \$7.07 | |
| 2. Units per Eligible/year | 13.720 | 21.892 | 1.011 | 6.029 | 0.452 | 63.930 | |
| Cost per Elig. per Mo. | \$23.04 | \$91.98 | \$38.24 | \$9.17 | \$6.96 | \$37.67 | \$207.06 |
| 3. Adjustments | | | | | | | |
| a. Age/Sex | 1.008 | 0.905 | 0.966 | 1.088 | 0.937 | 1.059 | |
| b. Area | 0.915 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | |
| c. Coverages | 0.900 | 0.875 | 0.920 | 0.973 | 0.995 | 0.877 | |
| d. Interest | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | |
| Adjusted Base Cost | \$19.13 | \$72.84 | \$33.98 | \$9.71 | \$6.49 | \$34.99 | \$177.14 |
| 4. Legislative Adjustments | 1.099 | 0.888 | 0.965 | 1.425 | 1.442 | 0.987 | |
| 5. Trend Adjustments | | | | | | | |
| a. Cost per Unit | 1.000 | 1.262 | 1.194 | 1.000 | 1.000 | 1.000 | |
| b. Units per Eligible | 1.073 | 1.180 | 0.863 | 0.929 | 1.000 | 1.148 | |
| Projected Cost per Eligible | \$22.56 | \$96.32 | \$33.79 | \$12.85 | \$9.36 | \$39.65 | \$214.53 |
| 6. CHDP | | | | | | | 0.00 |
| 7. Adjustment to Pool | | | | | | 12.1% | 25.96 |
| Capitation Rate | | | | | | | \$240.49 |

Plan Name:
 County: Kern
 Aid Code Grouping: Aged

Plan # :
 Date: 23-Jul-02
 Plan Type: Commercial Plan

The Rate Period is October 1, 2001 to September 30, 2002

Capitation Payments at the End of the Month

Coverages (C = Covered by Plan, N = NOT Covered by Plan)

| | | | |
|---------------------------|---|--|---|
| CCS Indicated Claims | N | AIDS Waiver | N |
| GHPP | N | In Home Waiver | N |
| Hemodialysis | C | Model NF Waiver | N |
| Major Organ Transplants | N | Adult Day Health Care | N |
| Out-of-State | C | Newborn Hearing Screens | N |
| Chiropractor | N | Psychiatric Drugs | N |
| Local Education Authority | N | AIDS Drugs | N |
| Psychiatrist | N | Injections | C |
| Acupuncturist | N | MH - Hospital Inpatient | N |
| Alphafeto Protein Testing | N | MH - Outpatient Services | N |
| Heroin Detoxification | N | Long Term Care for month of entry plus one | C |
| Direct Observed Therapy | N | Long Term Care after month of entry plus one | N |
| Lenses for eyewear | N | CHDP | C |

| Rate Calculation | Physician | Pharmacy | Hospital Inpatient | Hospital Outpatient | Long Term Care | Other | Total |
|-----------------------------|-----------|----------|--------------------|---------------------|----------------|---------|----------|
| 1. Average Cost Per Unit | \$16.06 | \$38.28 | \$242.22 | \$11.67 | \$177.26 | \$6.49 | |
| 2. Units per Eligible/year | 11.563 | 16.963 | 0.819 | 3.904 | 1.049 | 42.784 | |
| Cost per Elig. per Mo. | \$15.48 | \$54.11 | \$16.53 | \$3.80 | \$15.50 | \$23.14 | \$128.56 |
| 3. Adjustments | | | | | | | |
| a. Age/Sex | 1.005 | 1.006 | 1.021 | 0.999 | 1.020 | 1.007 | |
| b. Area | 0.915 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | |
| c. Coverages | 0.981 | 0.996 | 0.997 | 0.986 | 0.997 | 0.781 | |
| d. Interest | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | |
| Adjusted Base Cost | \$13.96 | \$54.22 | \$16.83 | \$3.74 | \$15.76 | \$18.20 | \$122.71 |
| 4. Legislative Adjustments | 0.984 | 0.879 | 0.969 | 1.423 | 1.433 | 0.963 | |
| 5. Trend Adjustments | | | | | | | |
| a. Cost per Unit | 1.000 | 1.262 | 1.194 | 1.000 | 1.000 | 1.000 | |
| b. Units per Eligible | 1.073 | 1.180 | 0.929 | 1.066 | 0.929 | 1.148 | |
| Projected Cost per Eligible | \$14.74 | \$70.97 | \$18.09 | \$5.67 | \$20.98 | \$20.12 | \$150.57 |
| 6. CHDP | | | | | | | 0.00 |
| 7. Adjustment to Pool | | | | | | 12.1% | 18.22 |
| Capitation Rate | | | | | | | \$168.79 |

Plan Name:
 County: Kern
 Aid Code Grouping: Child

Plan #: Date: 23-Jul-02
 Plan Type: Commercial Plan

The Rate Period is October 1, 2001 to September 30, 2002 Capitation Payments at the End of the Month

Coverages (C = Covered by Plan, N = NOT Covered by Plan)

| | | | |
|---------------------------|---|--|---|
| CCS Indicated Claims | N | AIDS Waiver | N |
| GHPP | N | In Home Waiver | N |
| Hemodialysis | C | Model NF Waiver | N |
| Major Organ Transplants | N | Adult Day Health Care | N |
| Out-of-State | C | Newborn Hearing Screens | N |
| Chiropractor | N | Psychiatric Drugs | N |
| Local Education Authority | N | AIDS Drugs | N |
| Psychiatrist | N | Injections | C |
| Acupuncturist | N | MH - Hospital Inpatient | N |
| Alphafeto Protein Testing | N | MH - Outpatient Services | N |
| Heroin Detoxification | N | Long Term Care for month of entry plus one | C |
| Direct Observed Therapy | N | Long Term Care after month of entry plus one | N |
| Lenses for eyewear | N | CHDP | C |

| Rate Calculation | Physician | Pharmacy | Hospital Inpatient | Hospital Outpatient | Long Term Care | Other | Total |
|-----------------------------|-----------|----------|--------------------|---------------------|----------------|--------|----------|
| 1. Average Cost Per Unit | \$58.40 | \$17.50 | \$1,127.72 | \$18.79 | \$140.26 | \$6.45 | |
| 2. Units per Eligible/year | 5.196 | 3.068 | 0.436 | 2.787 | 0.019 | 10.564 | |
| Cost per Elig. per Mo. | \$25.29 | \$4.47 | \$40.97 | \$4.36 | \$0.22 | \$5.68 | \$80.99 |
| 3. Adjustments | | | | | | | |
| a. Age/Sex | 1.033 | 1.046 | 0.978 | 1.040 | 1.000 | 0.992 | |
| b. Area | 0.915 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | |
| c. Coverages | 0.974 | 0.984 | 0.952 | 0.973 | 0.996 | 0.882 | |
| d. Interest | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | |
| Adjusted Base Cost | \$23.28 | \$4.60 | \$38.15 | \$4.41 | \$0.22 | \$4.97 | \$75.63 |
| 4. Legislative Adjustments | 1.116 | 0.875 | 1.035 | 1.427 | 1.424 | 1.082 | |
| 5. Trend Adjustments | | | | | | | |
| a. Cost per Unit | 1.000 | 1.262 | 1.040 | 1.000 | 1.000 | 1.000 | |
| b. Units per Eligible | 1.000 | 1.180 | 1.066 | 1.000 | 1.000 | 1.148 | |
| Projected Cost per Eligible | \$25.98 | \$5.99 | \$43.77 | \$6.29 | \$0.31 | \$6.17 | \$88.51 |
| 6. CHDP | | | | | | | 4.08 |
| 7. Adjustment to Pool | | | | | | 12.1% | 10.71 |
| Capitation Rate | | | | | | | \$103.30 |

Plan Name:
 County: Kern
 Aid Code Grouping: Adult

Plan # :
 Date: 23-Jul-02
 Plan Type: Commercial Plan

The Rate Period is October 1, 2001 to September 30, 2002

Capitation Payments at the End of the Month

Coverages (C = Covered by Plan, N = NOT Covered by Plan)

| | | | |
|---------------------------|---|--|---|
| CCS Indicated Claims | N | AIDS Waiver | N |
| GHPP | N | In Home Waiver | N |
| Hemodialysis | C | Model NF Waiver | N |
| Major Organ Transplants | N | Adult Day Health Care | N |
| Out-of-State | C | Newborn Hearing Screens | N |
| Chiropractor | N | Psychiatric Drugs | N |
| Local Education Authority | N | AIDS Drugs | N |
| Psychiatrist | N | Injections | C |
| Acupuncturist | N | MH - Hospital Inpatient | N |
| Alphafeto Protein Testing | N | MH - Outpatient Services | N |
| Heroin Detoxification | N | Long Term Care for month of entry plus one | C |
| Direct Observed Therapy | N | Long Term Care after month of entry plus one | N |
| Lenses for eyewear | N | CHDP | C |

Rate Calculation

| | Physician | Pharmacy | Hospital Inpatient | Hospital Outpatient | Long Term Care | Other | Total |
|-----------------------------|-----------|----------|--------------------|---------------------|----------------|---------|----------|
| 1. Average Cost Per Unit | \$164.23 | \$19.84 | \$1,245.72 | \$19.73 | \$0.00 | \$30.86 | |
| 2. Units per Eligible/year | 22.157 | 4.314 | 4.387 | 17.657 | 0.000 | 8.468 | |
| Cost per Elig. per Mo. | \$303.24 | \$7.13 | \$455.41 | \$29.03 | \$0.00 | \$21.78 | \$816.59 |
| 3. Adjustments | | | | | | | |
| a. Age/Sex | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | |
| b. Area | 0.915 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | |
| c. Coverages | 0.999 | 0.999 | 0.999 | 0.989 | 1.000 | 0.887 | |
| d. Interest | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | |
| Adjusted Base Cost | \$277.19 | \$7.12 | \$454.95 | \$28.71 | \$0.00 | \$19.32 | \$787.29 |
| 4. Legislative Adjustments | 1.060 | 0.872 | 1.016 | 1.432 | 1.242 | 1.045 | |
| 5. Trend Adjustments | | | | | | | |
| a. Cost per Unit | 1.000 | 1.262 | 1.040 | 1.000 | 1.000 | 1.000 | |
| b. Units per Eligible | 1.000 | 1.180 | 1.066 | 1.000 | 1.000 | 1.148 | |
| Projected Cost per Eligible | \$293.82 | \$9.25 | \$512.45 | \$41.11 | \$0.00 | \$23.18 | \$879.81 |
| 6. CHDP | | | | | | | 0.00 |
| 7. Adjustment to Pool | | | | | | 12.1% | 106.46 |
| Capitation Rate | | | | | | | \$986.27 |

Plan Name:
 County: Kern
 Aid Code Grouping: AIDS

Plan #: Date: 23-Jul-02
 Plan Type: Commercial Plan

The Rate Period is October 1, 2001 to September 30, 2002 Capitation Payments at the End of the Month

Coverages (C = Covered by Plan, N = NOT Covered by Plan)

| | | | |
|---------------------------|---|--|---|
| CCS Indicated Claims | N | AIDS Waiver | N |
| GHPP | N | In Home Waiver | N |
| Hemodialysis | C | Model NF Waiver | N |
| Major Organ Transplants | N | Adult Day Health Care | N |
| Out-of-State | C | Newborn Hearing Screens | N |
| Chiropractor | N | Psychiatric Drugs | N |
| Local Education Authority | N | AIDS Drugs | N |
| Psychiatrist | N | Injections | C |
| Acupuncturist | N | MH - Hospital Inpatient | N |
| Alphafeto Protein Testing | N | MH - Outpatient Services | N |
| Heroin Detoxification | N | Long Term Care for month of entry plus one | C |
| Direct Observed Therapy | N | Long Term Care after month of entry plus one | N |
| Lenses for eyewear | N | CHDP | C |

| Rate Calculation | Physician | Pharmacy | Hospital Inpatient | Hospital Outpatient | Long Term Care | Other | Total |
|-----------------------------|-----------|----------|--------------------|---------------------|----------------|---------|----------|
| 1. Average Cost Per Unit | \$25.87 | \$141.75 | \$453.91 | \$17.75 | \$228.06 | \$14.00 | |
| 2. Units per Eligible/year | 29.254 | 46.897 | 3.823 | 28.506 | 0.450 | 78.563 | |
| Cost per Elig. per Mo. | \$63.07 | \$553.97 | \$144.61 | \$42.17 | \$8.55 | \$91.66 | \$904.03 |
| 3. Adjustments | | | | | | | |
| a. Age/Sex | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | |
| b. Area | 0.915 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | |
| c. Coverages | 0.918 | 0.663 | 0.957 | 0.992 | 0.998 | 0.642 | |
| d. Interest | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | |
| Adjusted Base Cost | \$52.98 | \$367.28 | \$138.39 | \$41.83 | \$8.53 | \$58.85 | \$667.86 |
| 4. Legislative Adjustments | 1.070 | 0.826 | 0.989 | 1.378 | 1.529 | 1.001 | |
| 5. Trend Adjustments | | | | | | | |
| a. Cost per Unit | 1.000 | 1.262 | 1.194 | 1.000 | 1.000 | 1.000 | |
| b. Units per Eligible | 1.073 | 1.180 | 0.863 | 0.929 | 1.000 | 1.148 | |
| Projected Cost per Eligible | \$60.83 | \$451.77 | \$141.03 | \$53.55 | \$13.04 | \$67.63 | \$787.85 |
| 6. CHDP | | | | | | | 0.00 |
| 7. Adjustment to Pool | | | | | | 12.1% | 95.33 |
| Capitation Rate | | | | | | | \$883.18 |

Plan Name:
 County: San Joaquin
 Aid Code Grouping: Family

Plan # :
 Date: 23-Jul-02
 Plan Type: Commercial Plan

The Rate Period is October 1, 2001 to September 30, 2002

Capitation Payments at the End of the Month

Coverages (C = Covered by Plan, N = NOT Covered by Plan)

| | | | |
|---------------------------|---|--|---|
| CCS Indicated Claims | N | AIDS Waiver | N |
| GHPP | N | In Home Waiver | N |
| Hemodialysis | C | Model NF Waiver | N |
| Major Organ Transplants | N | Adult Day Health Care | N |
| Out-of-State | C | Newborn Hearing Screens | N |
| Chiropractor | N | Psychiatric Drugs | N |
| Local Education Authority | N | AIDS Drugs | N |
| Psychiatrist | N | Injections | C |
| Acupuncturist | N | MH - Hospital Inpatient | N |
| Alphafeto Protein Testing | N | MH - Outpatient Services | N |
| Heroin Detoxification | N | Long Term Care for month of entry plus one | C |
| Direct Observed Therapy | N | Long Term Care after month of entry plus one | N |
| Lenses for eyewear | N | CHDP | C |

| Rate Calculation | Physician | Pharmacy | Hospital Inpatient | Hospital Outpatient | Long Term Care | Other | Total |
|-----------------------------|-----------|----------|--------------------|---------------------|----------------|--------|---------|
| 1. Average Cost Per Unit | \$66.25 | \$23.82 | \$886.76 | \$20.37 | \$229.41 | \$8.79 | |
| 2. Units per Eligible/year | 5.957 | 3.361 | 0.304 | 2.609 | 0.009 | 6.410 | |
| Cost per Elig. per Mo. | \$32.89 | \$6.67 | \$22.46 | \$4.43 | \$0.17 | \$4.70 | \$71.32 |
| 3. Adjustments | | | | | | | |
| a. Age/Sex | 0.956 | 0.928 | 0.947 | 0.956 | 1.000 | 0.963 | |
| b. Area | 0.915 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | |
| c. Coverages | 0.975 | 0.992 | 0.968 | 0.956 | 0.995 | 0.868 | |
| d. Interest | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | |
| Adjusted Base Cost | \$28.05 | \$6.14 | \$20.59 | \$4.05 | \$0.17 | \$3.93 | \$62.93 |
| 4. Legislative Adjustments | 1.221 | 0.869 | 1.029 | 1.433 | 1.436 | 1.079 | |
| 5. Trend Adjustments | | | | | | | |
| a. Cost per Unit | 1.000 | 1.262 | 1.040 | 1.000 | 1.000 | 1.000 | |
| b. Units per Eligible | 1.000 | 1.180 | 1.066 | 1.000 | 1.000 | 1.148 | |
| Projected Cost per Eligible | \$34.25 | \$7.95 | \$23.49 | \$5.80 | \$0.24 | \$4.87 | \$76.60 |
| 6. CHDP | | | | | | | 4.88 |
| 7. Adjustment to Pool | | | | | | 12.1% | 9.27 |
| Capitation Rate | | | | | | | \$90.75 |

Plan Name:
 County: San Joaquin
 Aid Code Grouping: Disabled

Plan #: Date: 23-Jul-02
 Plan Type: Commercial Plan

The Rate Period is October 1, 2001 to September 30, 2002 Capitation Payments at the End of the Month

Coverages (C = Covered by Plan, N = NOT Covered by Plan)

| | | | |
|---------------------------|---|--|---|
| CCS Indicated Claims | N | AIDS Waiver | N |
| GHPP | N | In Home Waiver | N |
| Hemodialysis | C | Model NF Waiver | N |
| Major Organ Transplants | N | Adult Day Health Care | N |
| Out-of-State | C | Newborn Hearing Screens | N |
| Chiropractor | N | Psychiatric Drugs | N |
| Local Education Authority | N | AIDS Drugs | N |
| Psychiatrist | N | Injections | C |
| Acupuncturist | N | MH - Hospital Inpatient | N |
| Alphafeto Protein Testing | N | MH - Outpatient Services | N |
| Heroin Detoxification | N | Long Term Care for month of entry plus one | C |
| Direct Observed Therapy | N | Long Term Care after month of entry plus one | N |
| Lenses for eyewear | N | CHDP | C |

| Rate Calculation | Physician | Pharmacy | Hospital Inpatient | Hospital Outpatient | Long Term Care | Other | Total |
|-----------------------------|-----------|----------|--------------------|---------------------|----------------|---------|----------|
| 1. Average Cost Per Unit | \$20.15 | \$50.42 | \$498.70 | \$18.26 | \$184.85 | \$7.07 | |
| 2. Units per Eligible/year | 13.720 | 21.892 | 1.011 | 6.029 | 0.452 | 63.930 | |
| Cost per Elig. per Mo. | \$23.04 | \$91.98 | \$42.02 | \$9.17 | \$6.96 | \$37.67 | \$210.84 |
| 3. Adjustments | | | | | | | |
| a. Age/Sex | 0.947 | 0.835 | 0.897 | 1.067 | 0.959 | 1.072 | |
| b. Area | 0.915 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | |
| c. Coverages | 0.900 | 0.875 | 0.920 | 0.973 | 0.995 | 0.877 | |
| d. Interest | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | |
| Adjusted Base Cost | \$17.97 | \$67.20 | \$34.68 | \$9.52 | \$6.64 | \$35.42 | \$171.43 |
| 4. Legislative Adjustments | 1.099 | 0.888 | 0.965 | 1.425 | 1.442 | 0.987 | |
| 5. Trend Adjustments | | | | | | | |
| a. Cost per Unit | 1.000 | 1.262 | 1.194 | 1.000 | 1.000 | 1.000 | |
| b. Units per Eligible | 1.073 | 1.180 | 0.863 | 0.929 | 1.000 | 1.148 | |
| Projected Cost per Eligible | \$21.19 | \$88.86 | \$34.48 | \$12.60 | \$9.57 | \$40.13 | \$206.83 |
| 6. CHDP | | | | | | | 0.00 |
| 7. Adjustment to Pool | | | | | | 12.1% | 25.03 |
| Capitation Rate | | | | | | | \$231.86 |

Plan Name:
 County: San Joaquin
 Aid Code Grouping: Aged

Plan #: Date: 23-Jul-02
 Plan Type: Commercial Plan

The Rate Period is October 1, 2001 to September 30, 2002 Capitation Payments at the End of the Month

Coverages (C = Covered by Plan, N = NOT Covered by Plan)

| | | | |
|---------------------------|---|--|---|
| CCS Indicated Claims | N | AIDS Waiver | N |
| GHPP | N | In Home Waiver | N |
| Hemodialysis | C | Model NF Waiver | N |
| Major Organ Transplants | N | Adult Day Health Care | N |
| Out-of-State | C | Newborn Hearing Screens | N |
| Chiropractor | N | Psychiatric Drugs | N |
| Local Education Authority | N | AIDS Drugs | N |
| Psychiatrist | N | Injections | C |
| Acupuncturist | N | MH - Hospital Inpatient | N |
| Alphafeto Protein Testing | N | MH - Outpatient Services | N |
| Heroin Detoxification | N | Long Term Care for month of entry plus one | C |
| Direct Observed Therapy | N | Long Term Care after month of entry plus one | N |
| Lenses for eyewear | N | CHDP | C |

Rate Calculation

| | Physician | Pharmacy | Hospital Inpatient | Hospital Outpatient | Long Term Care | Other | Total |
|-----------------------------|-----------|----------|--------------------|---------------------|----------------|---------|----------|
| 1. Average Cost Per Unit | \$16.06 | \$38.28 | \$322.56 | \$11.67 | \$177.26 | \$6.49 | |
| 2. Units per Eligible/year | 11.563 | 16.963 | 0.819 | 3.904 | 1.049 | 42.784 | |
| Cost per Elig. per Mo. | \$15.48 | \$54.11 | \$22.01 | \$3.80 | \$15.50 | \$23.14 | \$134.04 |
| 3. Adjustments | | | | | | | |
| a. Age/Sex | 1.007 | 1.014 | 1.045 | 0.993 | 1.066 | 1.017 | |
| b. Area | 0.915 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | |
| c. Coverages | 0.981 | 0.996 | 0.997 | 0.986 | 0.997 | 0.781 | |
| d. Interest | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | |
| Adjusted Base Cost | \$13.99 | \$54.65 | \$22.93 | \$3.72 | \$16.47 | \$18.38 | \$130.14 |
| 4. Legislative Adjustments | 0.984 | 0.879 | 0.969 | 1.423 | 1.433 | 0.963 | |
| 5. Trend Adjustments | | | | | | | |
| a. Cost per Unit | 1.000 | 1.262 | 1.194 | 1.000 | 1.000 | 1.000 | |
| b. Units per Eligible | 1.073 | 1.180 | 0.929 | 1.066 | 0.929 | 1.148 | |
| Projected Cost per Eligible | \$14.77 | \$71.54 | \$24.65 | \$5.64 | \$21.93 | \$20.32 | \$158.85 |
| 6. CHDP | | | | | | | 0.00 |
| 7. Adjustment to Pool | | | | | | 12.1% | 19.22 |
| Capitation Rate | | | | | | | \$178.07 |

Plan Name:
 County: San Joaquin
 Aid Code Grouping: Child

Plan #: Date: 23-Jul-02
 Plan Type: Commercial Plan

The Rate Period is October 1, 2001 to September 30, 2002 Capitation Payments at the End of the Month

Coverages (C = Covered by Plan, N = NOT Covered by Plan)

| | | | |
|---------------------------|---|--|---|
| CCS Indicated Claims | N | AIDS Waiver | N |
| GHPP | N | In Home Waiver | N |
| Hemodialysis | C | Model NF Waiver | N |
| Major Organ Transplants | N | Adult Day Health Care | N |
| Out-of-State | C | Newborn Hearing Screens | N |
| Chiropractor | N | Psychiatric Drugs | N |
| Local Education Authority | N | AIDS Drugs | N |
| Psychiatrist | N | Injections | C |
| Acupuncturist | N | MH - Hospital Inpatient | N |
| Alphafeto Protein Testing | N | MH - Outpatient Services | N |
| Heroin Detoxification | N | Long Term Care for month of entry plus one | C |
| Direct Observed Therapy | N | Long Term Care after month of entry plus one | N |
| Lenses for eyewear | N | CHDP | C |

| Rate Calculation | Physician | Pharmacy | Hospital Inpatient | Hospital Outpatient | Long Term Care | Other | Total |
|-----------------------------|-----------|----------|--------------------|---------------------|----------------|--------|---------|
| 1. Average Cost Per Unit | \$58.40 | \$17.50 | \$940.86 | \$18.79 | \$140.26 | \$6.45 | |
| 2. Units per Eligible/year | 5.196 | 3.068 | 0.436 | 2.787 | 0.019 | 10.564 | |
| Cost per Elig. per Mo. | \$25.29 | \$4.47 | \$34.18 | \$4.36 | \$0.22 | \$5.68 | \$74.20 |
| 3. Adjustments | | | | | | | |
| a. Age/Sex | 0.999 | 1.042 | 0.931 | 1.014 | 1.000 | 0.974 | |
| b. Area | 0.915 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | |
| c. Coverages | 0.974 | 0.984 | 0.952 | 0.973 | 0.996 | 0.882 | |
| d. Interest | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | |
| Adjusted Base Cost | \$22.52 | \$4.58 | \$30.29 | \$4.30 | \$0.22 | \$4.88 | \$66.79 |
| 4. Legislative Adjustments | 1.116 | 0.875 | 1.035 | 1.427 | 1.424 | 1.082 | |
| 5. Trend Adjustments | | | | | | | |
| a. Cost per Unit | 1.000 | 1.262 | 1.040 | 1.000 | 1.000 | 1.000 | |
| b. Units per Eligible | 1.000 | 1.180 | 1.066 | 1.000 | 1.000 | 1.148 | |
| Projected Cost per Eligible | \$25.13 | \$5.97 | \$34.76 | \$6.14 | \$0.31 | \$6.06 | \$78.37 |
| 6. CHDP | | | | | | | 4.08 |
| 7. Adjustment to Pool | | | | | | 12.1% | 9.48 |
| Capitation Rate | | | | | | | \$91.93 |

Plan Name:
 County: San Joaquin
 Aid Code Grouping: Adult

Plan #: Date: 23-Jul-02
 Plan Type: Commercial Plan

The Rate Period is October 1, 2001 to September 30, 2002

Capitation Payments at the End of the Month

Coverages (C = Covered by Plan, N = NOT Covered by Plan)

| | | | |
|---------------------------|---|--|---|
| CCS Indicated Claims | N | AIDS Waiver | N |
| GHPP | N | In Home Waiver | N |
| Hemodialysis | C | Model NF Waiver | N |
| Major Organ Transplants | N | Adult Day Health Care | N |
| Out-of-State | C | Newborn Hearing Screens | N |
| Chiropractor | N | Psychiatric Drugs | N |
| Local Education Authority | N | AIDS Drugs | N |
| Psychiatrist | N | Injections | C |
| Acupuncturist | N | MH - Hospital Inpatient | N |
| Alphafeto Protein Testing | N | MH - Outpatient Services | N |
| Heroin Detoxification | N | Long Term Care for month of entry plus one | C |
| Direct Observed Therapy | N | Long Term Care after month of entry plus one | N |
| Lenses for eyewear | N | CHDP | C |

Rate Calculation

| | Physician | Pharmacy | Hospital Inpatient | Hospital Outpatient | Long Term Care | Other | Total |
|-----------------------------|-----------|----------|--------------------|---------------------|----------------|---------|----------|
| 1. Average Cost Per Unit | \$164.23 | \$19.84 | \$1,000.07 | \$19.73 | \$0.00 | \$30.86 | |
| 2. Units per Eligible/year | 22.157 | 4.314 | 4.387 | 17.657 | 0.000 | 8.468 | |
| Cost per Elig. per Mo. | \$303.24 | \$7.13 | \$365.61 | \$29.03 | \$0.00 | \$21.78 | \$726.79 |
| 3. Adjustments | | | | | | | |
| a. Age/Sex | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | |
| b. Area | 0.915 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | |
| c. Coverages | 0.999 | 0.999 | 0.999 | 0.989 | 1.000 | 0.887 | |
| d. Interest | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | |
| Adjusted Base Cost | \$277.19 | \$7.12 | \$365.24 | \$28.71 | \$0.00 | \$19.32 | \$697.58 |
| 4. Legislative Adjustments | 1.060 | 0.872 | 1.016 | 1.432 | 1.242 | 1.045 | |
| 5. Trend Adjustments | | | | | | | |
| a. Cost per Unit | 1.000 | 1.262 | 1.040 | 1.000 | 1.000 | 1.000 | |
| b. Units per Eligible | 1.000 | 1.180 | 1.066 | 1.000 | 1.000 | 1.148 | |
| Projected Cost per Eligible | \$293.82 | \$9.25 | \$411.40 | \$41.11 | \$0.00 | \$23.18 | \$778.76 |
| 6. CHDP | | | | | | | 0.00 |
| 7. Adjustment to Pool | | | | | | 12.1% | 94.23 |
| Capitation Rate | | | | | | | \$872.99 |

Plan Name:
 County: San Joaquin
 Aid Code Grouping: AIDS

Plan #: Date: 23-Jul-02
 Plan Type: Commercial Plan

The Rate Period is October 1, 2001 to September 30, 2002 Capitation Payments at the End of the Month

Coverages (C = Covered by Plan, N = NOT Covered by Plan)

| | | | |
|---------------------------|---|--|---|
| CCS Indicated Claims | N | AIDS Waiver | N |
| GHPP | N | In Home Waiver | N |
| Hemodialysis | C | Model NF Waiver | N |
| Major Organ Transplants | N | Adult Day Health Care | N |
| Out-of-State | C | Newborn Hearing Screens | N |
| Chiropractor | N | Psychiatric Drugs | N |
| Local Education Authority | N | AIDS Drugs | N |
| Psychiatrist | N | Injections | C |
| Acupuncturist | N | MH - Hospital Inpatient | N |
| Alphafeto Protein Testing | N | MH - Outpatient Services | N |
| Heroin Detoxification | N | Long Term Care for month of entry plus one | C |
| Direct Observed Therapy | N | Long Term Care after month of entry plus one | N |
| Lenses for eyewear | N | CHDP | C |

| Rate Calculation | Physician | Pharmacy | Hospital Inpatient | Hospital Outpatient | Long Term Care | Other | Total |
|-----------------------------|-----------|----------|--------------------|---------------------|----------------|---------|----------|
| 1. Average Cost Per Unit | \$25.87 | \$141.75 | \$498.70 | \$17.75 | \$228.06 | \$14.00 | |
| 2. Units per Eligible/year | 29.254 | 46.897 | 3.823 | 28.506 | 0.450 | 78.563 | |
| Cost per Elig. per Mo. | \$63.07 | \$553.97 | \$158.88 | \$42.17 | \$8.55 | \$91.66 | \$918.30 |
| 3. Adjustments | | | | | | | |
| a. Age/Sex | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | |
| b. Area | 0.915 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | |
| c. Coverages | 0.918 | 0.663 | 0.957 | 0.992 | 0.998 | 0.642 | |
| d. Interest | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | |
| Adjusted Base Cost | \$52.98 | \$367.28 | \$152.05 | \$41.83 | \$8.53 | \$58.85 | \$681.52 |
| 4. Legislative Adjustments | 1.070 | 0.826 | 0.989 | 1.378 | 1.529 | 1.001 | |
| 5. Trend Adjustments | | | | | | | |
| a. Cost per Unit | 1.000 | 1.262 | 1.194 | 1.000 | 1.000 | 1.000 | |
| b. Units per Eligible | 1.073 | 1.180 | 0.863 | 0.929 | 1.000 | 1.148 | |
| Projected Cost per Eligible | \$60.83 | \$451.77 | \$154.95 | \$53.55 | \$13.04 | \$67.63 | \$801.77 |
| 6. CHDP | | | | | | | 0.00 |
| 7. Adjustment to Pool | | | | | | 12.1% | 97.01 |
| Capitation Rate | | | | | | | \$898.78 |

Plan Name: Commercial Plan
 County: Stanislaus
 Aid Code Grouping: Family

Plan #: 359 Date: 23-Jul-02
 Plan Type: Commercial Plan

The Rate Period is October 1, 2001 to September 30, 2002

Capitation Payments at the End of the Month

Coverages (C = Covered by Plan, N = NOT Covered by Plan)

| | | | |
|---------------------------|---|--|---|
| CCS Indicated Claims | N | AIDS Waiver | N |
| GHPP | N | In Home Waiver | N |
| Hemodialysis | C | Model NF Waiver | N |
| Major Organ Transplants | N | Adult Day Health Care | N |
| Out-of-State | C | Newborn Hearing Screens | N |
| Chiropractor | N | Psychiatric Drugs | N |
| Local Education Authority | N | AIDS Drugs | N |
| Psychiatrist | N | Injections | C |
| Acupuncturist | N | MH - Hospital Inpatient | N |
| Alphafeto Protein Testing | N | MH - Outpatient Services | N |
| Heroin Detoxification | N | Long Term Care for month of entry plus one | C |
| Direct Observed Therapy | N | Long Term Care after month of entry plus one | N |
| Lenses for eyewear | N | CHDP | C |

| Rate Calculation | Physician | Pharmacy | Hospital Inpatient | Hospital Outpatient | Long Term Care | Other | Total |
|-----------------------------|-----------|----------|--------------------|---------------------|----------------|--------|---------|
| 1. Average Cost Per Unit | \$66.25 | \$23.82 | \$882.79 | \$20.37 | \$229.41 | \$8.79 | |
| 2. Units per Eligible/year | 5.957 | 3.361 | 0.304 | 2.609 | 0.009 | 6.410 | |
| Cost per Elig. per Mo. | \$32.89 | \$6.67 | \$22.36 | \$4.43 | \$0.17 | \$4.70 | \$71.22 |
| 3. Adjustments | | | | | | | |
| a. Age/Sex | 0.936 | 0.959 | 0.893 | 0.929 | 1.000 | 0.976 | |
| b. Area | 0.915 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | |
| c. Coverages | 0.975 | 0.992 | 0.968 | 0.956 | 0.995 | 0.868 | |
| d. Interest | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | |
| Adjusted Base Cost | \$27.46 | \$6.35 | \$19.33 | \$3.93 | \$0.17 | \$3.98 | \$61.22 |
| 4. Legislative Adjustments | 1.221 | 0.869 | 1.029 | 1.433 | 1.436 | 1.079 | |
| 5. Trend Adjustments | | | | | | | |
| a. Cost per Unit | 1.000 | 1.262 | 1.040 | 1.000 | 1.000 | 1.000 | |
| b. Units per Eligible | 1.000 | 1.180 | 1.066 | 1.000 | 1.000 | 1.148 | |
| Projected Cost per Eligible | \$33.53 | \$8.22 | \$22.05 | \$5.63 | \$0.24 | \$4.93 | \$74.60 |
| 6. CHDP | | | | | | | 4.88 |
| 7. Adjustment to Pool | | | | | | 12.1% | 9.03 |
| Capitation Rate | | | | | | | \$88.51 |

Plan Name: Commercial Plan
 County: Stanislaus
 Aid Code Grouping: Aged

Plan #: 359 Date: 23-Jul-02
 Plan Type: Commercial Plan

The Rate Period is October 1, 2001 to September 30, 2002

Capitation Payments at the End of the Month

Coverages (C = Covered by Plan, N = NOT Covered by Plan)

| | | | |
|---------------------------|---|--|---|
| CCS Indicated Claims | N | AIDS Waiver | N |
| GHPP | N | In Home Waiver | N |
| Hemodialysis | C | Model NF Waiver | N |
| Major Organ Transplants | N | Adult Day Health Care | N |
| Out-of-State | C | Newborn Hearing Screens | N |
| Chiropractor | N | Psychiatric Drugs | N |
| Local Education Authority | N | AIDS Drugs | N |
| Psychiatrist | N | Injections | C |
| Acupuncturist | N | MH - Hospital Inpatient | N |
| Alphafeto Protein Testing | N | MH - Outpatient Services | N |
| Heroin Detoxification | N | Long Term Care for month of entry plus one | C |
| Direct Observed Therapy | N | Long Term Care after month of entry plus one | N |
| Lenses for eyewear | N | CHDP | C |

Rate Calculation

| | Physician | Pharmacy | Hospital Inpatient | Hospital Outpatient | Long Term Care | Other | Total |
|-----------------------------|-----------|----------|--------------------|---------------------|----------------|---------|----------|
| 1. Average Cost Per Unit | \$16.06 | \$38.28 | \$294.88 | \$11.67 | \$177.26 | \$6.49 | |
| 2. Units per Eligible/year | 11.563 | 16.963 | 0.819 | 3.904 | 1.049 | 42.784 | |
| Cost per Elig. per Mo. | \$15.48 | \$54.11 | \$20.13 | \$3.80 | \$15.50 | \$23.14 | \$132.16 |
| 3. Adjustments | | | | | | | |
| a. Age/Sex | 0.997 | 1.014 | 1.039 | 0.984 | 1.101 | 1.020 | |
| b. Area | 0.915 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | |
| c. Coverages | 0.981 | 0.996 | 0.997 | 0.986 | 0.997 | 0.781 | |
| d. Interest | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | |
| Adjusted Base Cost | \$13.85 | \$54.65 | \$20.85 | \$3.69 | \$17.01 | \$18.43 | \$128.48 |
| 4. Legislative Adjustments | 0.984 | 0.879 | 0.969 | 1.423 | 1.433 | 0.963 | |
| 5. Trend Adjustments | | | | | | | |
| a. Cost per Unit | 1.000 | 1.262 | 1.194 | 1.000 | 1.000 | 1.000 | |
| b. Units per Eligible | 1.073 | 1.180 | 0.929 | 1.066 | 0.929 | 1.148 | |
| Projected Cost per Eligible | \$14.62 | \$71.54 | \$22.41 | \$5.60 | \$22.64 | \$20.37 | \$157.18 |
| 6. CHDP | | | | | | | 0.00 |
| 7. Adjustment to Pool | | | | | | 12.1% | 19.02 |
| Capitation Rate | | | | | | | \$176.20 |

Plan Name: Commercial Plan
 County: Stanislaus
 Aid Code Grouping: Disabled

Plan #: 359 Date: 23-Jul-02
 Plan Type: Commercial Plan

The Rate Period is October 1, 2001 to September 30, 2002

Capitation Payments at the End of the Month

Coverages (C = Covered by Plan, N = NOT Covered by Plan)

| | | | |
|---------------------------|---|--|---|
| CCS Indicated Claims | N | AIDS Waiver | N |
| GHPP | N | In Home Waiver | N |
| Hemodialysis | C | Model NF Waiver | N |
| Major Organ Transplants | N | Adult Day Health Care | N |
| Out-of-State | C | Newborn Hearing Screens | N |
| Chiropractor | N | Psychiatric Drugs | N |
| Local Education Authority | N | AIDS Drugs | N |
| Psychiatrist | N | Injections | C |
| Acupuncturist | N | MH - Hospital Inpatient | N |
| Alphafeto Protein Testing | N | MH - Outpatient Services | N |
| Heroin Detoxification | N | Long Term Care for month of entry plus one | C |
| Direct Observed Therapy | N | Long Term Care after month of entry plus one | N |
| Lenses for eyewear | N | CHDP | C |

Rate Calculation

| | Physician | Pharmacy | Hospital Inpatient | Hospital Outpatient | Long Term Care | Other | Total |
|-----------------------------|-----------|----------|--------------------|---------------------|----------------|---------|----------|
| 1. Average Cost Per Unit | \$20.15 | \$50.42 | \$576.67 | \$18.26 | \$184.85 | \$7.07 | |
| 2. Units per Eligible/year | 13.720 | 21.892 | 1.011 | 6.029 | 0.452 | 63.930 | |
| Cost per Elig. per Mo. | \$23.04 | \$91.98 | \$48.58 | \$9.17 | \$6.96 | \$37.67 | \$217.40 |
| 3. Adjustments | | | | | | | |
| a. Age/Sex | 1.043 | 0.921 | 0.997 | 1.115 | 0.914 | 1.070 | |
| b. Area | 0.915 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | |
| c. Coverages | 0.900 | 0.875 | 0.920 | 0.973 | 0.995 | 0.877 | |
| d. Interest | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | |
| Adjusted Base Cost | \$19.79 | \$74.12 | \$44.56 | \$9.95 | \$6.33 | \$35.35 | \$190.10 |
| 4. Legislative Adjustments | 1.099 | 0.888 | 0.965 | 1.425 | 1.442 | 0.987 | |
| 5. Trend Adjustments | | | | | | | |
| a. Cost per Unit | 1.000 | 1.262 | 1.194 | 1.000 | 1.000 | 1.000 | |
| b. Units per Eligible | 1.073 | 1.180 | 0.863 | 0.929 | 1.000 | 1.148 | |
| Projected Cost per Eligible | \$23.34 | \$98.01 | \$44.31 | \$13.17 | \$9.13 | \$40.05 | \$228.01 |
| 6. CHDP | | | | | | | 0.00 |
| 7. Adjustment to Pool | | | | | | 12.1% | 27.59 |
| Capitation Rate | | | | | | | \$255.60 |

Plan Name: Commercial Plan
 County: Stanislaus
 Aid Code Grouping: Child

Plan #: 359 Date: 23-Jul-02
 Plan Type: Commercial Plan

The Rate Period is October 1, 2001 to September 30, 2002

Capitation Payments at the End of the Month

Coverages (C = Covered by Plan, N = NOT Covered by Plan)

| | | | |
|---------------------------|---|--|---|
| CCS Indicated Claims | N | AIDS Waiver | N |
| GHPP | N | In Home Waiver | N |
| Hemodialysis | C | Model NF Waiver | N |
| Major Organ Transplants | N | Adult Day Health Care | N |
| Out-of-State | C | Newborn Hearing Screens | N |
| Chiropractor | N | Psychiatric Drugs | N |
| Local Education Authority | N | AIDS Drugs | N |
| Psychiatrist | N | Injections | C |
| Acupuncturist | N | MH - Hospital Inpatient | N |
| Alphafeto Protein Testing | N | MH - Outpatient Services | N |
| Heroin Detoxification | N | Long Term Care for month of entry plus one | C |
| Direct Observed Therapy | N | Long Term Care after month of entry plus one | N |
| Lenses for eyewear | N | CHDP | C |

Rate Calculation

| | Physician | Pharmacy | Hospital Inpatient | Hospital Outpatient | Long Term Care | Other | Total |
|-----------------------------|-----------|----------|--------------------|---------------------|----------------|--------|----------|
| 1. Average Cost Per Unit | \$58.40 | \$17.50 | \$911.30 | \$18.79 | \$140.26 | \$6.45 | |
| 2. Units per Eligible/year | 5.196 | 3.068 | 0.436 | 2.787 | 0.019 | 10.564 | |
| Cost per Elig. per Mo. | \$25.29 | \$4.47 | \$33.11 | \$4.36 | \$0.22 | \$5.68 | \$73.13 |
| 3. Adjustments | | | | | | | |
| a. Age/Sex | 1.134 | 1.008 | 1.204 | 1.121 | 1.000 | 1.062 | |
| b. Area | 0.915 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | |
| c. Coverages | 0.974 | 0.984 | 0.952 | 0.973 | 0.996 | 0.882 | |
| d. Interest | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | |
| Adjusted Base Cost | \$25.56 | \$4.43 | \$37.95 | \$4.76 | \$0.22 | \$5.32 | \$78.24 |
| 4. Legislative Adjustments | 1.116 | 0.875 | 1.035 | 1.427 | 1.424 | 1.082 | |
| 5. Trend Adjustments | | | | | | | |
| a. Cost per Unit | 1.000 | 1.262 | 1.040 | 1.000 | 1.000 | 1.000 | |
| b. Units per Eligible | 1.000 | 1.180 | 1.066 | 1.000 | 1.000 | 1.148 | |
| Projected Cost per Eligible | \$28.52 | \$5.77 | \$43.55 | \$6.79 | \$0.31 | \$6.61 | \$91.55 |
| 6. CHDP | | | | | | | 4.08 |
| 7. Adjustment to Pool | | | | | | 12.1% | 11.08 |
| Capitation Rate | | | | | | | \$106.71 |

Plan Name: Commercial Plan
 County: Stanislaus
 Aid Code Grouping: Adult

Plan #: 359 Date: 23-Jul-02
 Plan Type: Commercial Plan

The Rate Period is October 1, 2001 to September 30, 2002

Capitation Payments at the End of the Month

Coverages (C = Covered by Plan, N = NOT Covered by Plan)

| | | | |
|---------------------------|---|--|---|
| CCS Indicated Claims | N | AIDS Waiver | N |
| GHPP | N | In Home Waiver | N |
| Hemodialysis | C | Model NF Waiver | N |
| Major Organ Transplants | N | Adult Day Health Care | N |
| Out-of-State | C | Newborn Hearing Screens | N |
| Chiropractor | N | Psychiatric Drugs | N |
| Local Education Authority | N | AIDS Drugs | N |
| Psychiatrist | N | Injections | C |
| Acupuncturist | N | MH - Hospital Inpatient | N |
| Alphafeto Protein Testing | N | MH - Outpatient Services | N |
| Heroin Detoxification | N | Long Term Care for month of entry plus one | C |
| Direct Observed Therapy | N | Long Term Care after month of entry plus one | N |
| Lenses for eyewear | N | CHDP | C |

Rate Calculation

| | Physician | Pharmacy | Hospital Inpatient | Hospital Outpatient | Long Term Care | Other | Total |
|-----------------------------|-----------|----------|--------------------|---------------------|----------------|---------|----------|
| 1. Average Cost Per Unit | \$164.23 | \$19.84 | \$889.40 | \$19.73 | \$0.00 | \$30.86 | |
| 2. Units per Eligible/year | 22.157 | 4.314 | 4.387 | 17.657 | 0.000 | 8.468 | |
| Cost per Elig. per Mo. | \$303.24 | \$7.13 | \$325.15 | \$29.03 | \$0.00 | \$21.78 | \$686.33 |
| 3. Adjustments | | | | | | | |
| a. Age/Sex | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | |
| b. Area | 0.915 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | |
| c. Coverages | 0.999 | 0.999 | 0.999 | 0.989 | 1.000 | 0.887 | |
| d. Interest | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | |
| Adjusted Base Cost | \$277.19 | \$7.12 | \$324.82 | \$28.71 | \$0.00 | \$19.32 | \$657.16 |
| 4. Legislative Adjustments | 1.060 | 0.872 | 1.016 | 1.432 | 1.242 | 1.045 | |
| 5. Trend Adjustments | | | | | | | |
| a. Cost per Unit | 1.000 | 1.262 | 1.040 | 1.000 | 1.000 | 1.000 | |
| b. Units per Eligible | 1.000 | 1.180 | 1.066 | 1.000 | 1.000 | 1.148 | |
| Projected Cost per Eligible | \$293.82 | \$9.25 | \$365.87 | \$41.11 | \$0.00 | \$23.18 | \$733.23 |
| 6. CHDP | | | | | | | 0.00 |
| 7. Adjustment to Pool | | | | | | 12.1% | 88.72 |
| Capitation Rate | | | | | | | \$821.95 |

Plan Name: Commercial Plan
 County: Stanislaus
 Aid Code Grouping: AIDS

Plan #: 359 Date: 23-Jul-02
 Plan Type: Commercial Plan

The Rate Period is October 1, 2001 to September 30, 2002 Capitation Payments at the End of the Month

Coverages (C = Covered by Plan, N = NOT Covered by Plan)

| | | | |
|---------------------------|---|--|---|
| CCS Indicated Claims | N | AIDS Waiver | N |
| GHPP | N | In Home Waiver | N |
| Hemodialysis | C | Model NF Waiver | N |
| Major Organ Transplants | N | Adult Day Health Care | N |
| Out-of-State | C | Newborn Hearing Screens | N |
| Chiropractor | N | Psychiatric Drugs | N |
| Local Education Authority | N | AIDS Drugs | N |
| Psychiatrist | N | Injections | C |
| Acupuncturist | N | MH - Hospital Inpatient | N |
| Alphafeto Protein Testing | N | MH - Outpatient Services | N |
| Heroin Detoxification | N | Long Term Care for month of entry plus one | C |
| Direct Observed Therapy | N | Long Term Care after month of entry plus one | N |
| Lenses for eyewear | N | CHDP | C |

| Rate Calculation | Physician | Pharmacy | Hospital Inpatient | Hospital Outpatient | Long Term Care | Other | Total |
|-----------------------------|-----------|----------|--------------------|---------------------|----------------|---------|----------|
| 1. Average Cost Per Unit | \$25.87 | \$141.75 | \$576.67 | \$17.75 | \$228.06 | \$14.00 | |
| 2. Units per Eligible/year | 29.254 | 46.897 | 3.823 | 28.506 | 0.450 | 78.563 | |
| Cost per Elig. per Mo. | \$63.07 | \$553.97 | \$183.72 | \$42.17 | \$8.55 | \$91.66 | \$943.14 |
| 3. Adjustments | | | | | | | |
| a. Age/Sex | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | |
| b. Area | 0.915 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | |
| c. Coverages | 0.918 | 0.663 | 0.957 | 0.992 | 0.998 | 0.642 | |
| d. Interest | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | |
| Adjusted Base Cost | \$52.98 | \$367.28 | \$175.82 | \$41.83 | \$8.53 | \$58.85 | \$705.29 |
| 4. Legislative Adjustments | 1.070 | 0.826 | 0.989 | 1.378 | 1.529 | 1.001 | |
| 5. Trend Adjustments | | | | | | | |
| a. Cost per Unit | 1.000 | 1.262 | 1.194 | 1.000 | 1.000 | 1.000 | |
| b. Units per Eligible | 1.073 | 1.180 | 0.863 | 0.929 | 1.000 | 1.148 | |
| Projected Cost per Eligible | \$60.83 | \$451.77 | \$179.18 | \$53.55 | \$13.04 | \$67.63 | \$826.00 |
| 6. CHDP | | | | | | | 0.00 |
| 7. Adjustment to Pool | | | | | | 12.1% | 99.95 |
| Capitation Rate | | | | | | | \$925.95 |

Plan Name:
 County: Tulare
 Aid Code Grouping: Family

Plan #: Date: 23-Jul-02
 Plan Type: Commercial Plan

The Rate Period is October 1, 2001 to September 30, 2002

Capitation Payments at the End of the Month

Coverages (C = Covered by Plan, N = NOT Covered by Plan)

| | | | |
|---------------------------|---|--|---|
| CCS Indicated Claims | N | AIDS Waiver | N |
| GHPP | N | In Home Waiver | N |
| Hemodialysis | C | Model NF Waiver | N |
| Major Organ Transplants | N | Adult Day Health Care | N |
| Out-of-State | C | Newborn Hearing Screens | N |
| Chiropractor | N | Psychiatric Drugs | N |
| Local Education Authority | N | AIDS Drugs | N |
| Psychiatrist | N | Injections | C |
| Acupuncturist | N | MH - Hospital Inpatient | N |
| Alphafeto Protein Testing | N | MH - Outpatient Services | N |
| Heroin Detoxification | N | Long Term Care for month of entry plus one | C |
| Direct Observed Therapy | N | Long Term Care after month of entry plus one | N |
| Lenses for eyewear | N | CHDP | C |

Rate Calculation

| | Physician | Pharmacy | Hospital Inpatient | Hospital Outpatient | Long Term Care | Other | Total |
|-----------------------------|-----------|----------|--------------------|---------------------|----------------|--------|---------|
| 1. Average Cost Per Unit | \$66.25 | \$23.82 | \$1,005.98 | \$20.37 | \$229.41 | \$8.79 | |
| 2. Units per Eligible/year | 5.957 | 3.361 | 0.304 | 2.609 | 0.009 | 6.410 | |
| Cost per Elig. per Mo. | \$32.89 | \$6.67 | \$25.48 | \$4.43 | \$0.17 | \$4.70 | \$74.34 |
| 3. Adjustments | | | | | | | |
| a. Age/Sex | 0.934 | 0.944 | 0.927 | 0.949 | 1.000 | 0.948 | |
| b. Area | 0.915 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | |
| c. Coverages | 0.975 | 0.992 | 0.968 | 0.956 | 0.995 | 0.868 | |
| d. Interest | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | |
| Adjusted Base Cost | \$27.41 | \$6.25 | \$22.86 | \$4.02 | \$0.17 | \$3.87 | \$64.58 |
| 4. Legislative Adjustments | 1.221 | 0.869 | 1.029 | 1.433 | 1.436 | 1.079 | |
| 5. Trend Adjustments | | | | | | | |
| a. Cost per Unit | 1.000 | 1.262 | 1.040 | 1.000 | 1.000 | 1.000 | |
| b. Units per Eligible | 1.000 | 1.180 | 1.066 | 1.000 | 1.000 | 1.148 | |
| Projected Cost per Eligible | \$33.47 | \$8.09 | \$26.08 | \$5.76 | \$0.24 | \$4.79 | \$78.43 |
| 6. CHDP | | | | | | | 4.88 |
| 7. Adjustment to Pool | | | | | | 12.1% | 9.49 |
| Capitation Rate | | | | | | | \$92.80 |

Plan Name:
 County: Tulare
 Aid Code Grouping: Disabled

Plan #: Date: 23-Jul-02
 Plan Type: Commercial Plan

The Rate Period is October 1, 2001 to September 30, 2002 Capitation Payments at the End of the Month

Coverages (C = Covered by Plan, N = NOT Covered by Plan)

| | | | |
|---------------------------|---|--|---|
| CCS Indicated Claims | N | AIDS Waiver | N |
| GHPP | N | In Home Waiver | N |
| Hemodialysis | C | Model NF Waiver | N |
| Major Organ Transplants | N | Adult Day Health Care | N |
| Out-of-State | C | Newborn Hearing Screens | N |
| Chiropractor | N | Psychiatric Drugs | N |
| Local Education Authority | N | AIDS Drugs | N |
| Psychiatrist | N | Injections | C |
| Acupuncturist | N | MH - Hospital Inpatient | N |
| Alphafeto Protein Testing | N | MH - Outpatient Services | N |
| Heroin Detoxification | N | Long Term Care for month of entry plus one | C |
| Direct Observed Therapy | N | Long Term Care after month of entry plus one | N |
| Lenses for eyewear | N | CHDP | C |

| Rate Calculation | Physician | Pharmacy | Hospital Inpatient | Hospital Outpatient | Long Term Care | Other | Total |
|-----------------------------|-----------|----------|--------------------|---------------------|----------------|---------|----------|
| 1. Average Cost Per Unit | \$20.15 | \$50.42 | \$750.98 | \$18.26 | \$184.85 | \$7.07 | |
| 2. Units per Eligible/year | 13.720 | 21.892 | 1.011 | 6.029 | 0.452 | 63.930 | |
| Cost per Elig. per Mo. | \$23.04 | \$91.98 | \$63.27 | \$9.17 | \$6.96 | \$37.67 | \$232.09 |
| 3. Adjustments | | | | | | | |
| a. Age/Sex | 0.974 | 0.857 | 0.932 | 1.060 | 0.960 | 1.088 | |
| b. Area | 0.915 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | |
| c. Coverages | 0.900 | 0.875 | 0.920 | 0.973 | 0.995 | 0.877 | |
| d. Interest | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | |
| Adjusted Base Cost | \$18.48 | \$68.97 | \$54.25 | \$9.46 | \$6.65 | \$35.94 | \$193.75 |
| 4. Legislative Adjustments | 1.099 | 0.888 | 0.965 | 1.425 | 1.442 | 0.987 | |
| 5. Trend Adjustments | | | | | | | |
| a. Cost per Unit | 1.000 | 1.262 | 1.194 | 1.000 | 1.000 | 1.000 | |
| b. Units per Eligible | 1.073 | 1.180 | 0.863 | 0.929 | 1.000 | 1.148 | |
| Projected Cost per Eligible | \$21.79 | \$91.20 | \$53.94 | \$12.52 | \$9.59 | \$40.72 | \$229.76 |
| 6. CHDP | | | | | | | 0.00 |
| 7. Adjustment to Pool | | | | | | 12.1% | 27.80 |
| Capitation Rate | | | | | | | \$257.56 |

Plan Name:

County:

Aid Code Grouping:

Tulare

Aged

Plan # :

Date:

23-Jul-02

Plan Type: Commercial Plan

The Rate Period is October 1, 2001 to September 30, 2002

Capitation Payments at the End of the Month

Coverages (C = Covered by Plan, N = NOT Covered by Plan)

| | | | |
|---------------------------|---|--|---|
| CCS Indicated Claims | N | AIDS Waiver | N |
| GHPP | N | In Home Waiver | N |
| Hemodialysis | C | Model NF Waiver | N |
| Major Organ Transplants | N | Adult Day Health Care | N |
| Out-of-State | C | Newborn Hearing Screens | N |
| Chiropractor | N | Psychiatric Drugs | N |
| Local Education Authority | N | AIDS Drugs | N |
| Psychiatrist | N | Injections | C |
| Acupuncturist | N | MH - Hospital Inpatient | N |
| Alphafeto Protein Testing | N | MH - Outpatient Services | N |
| Heroin Detoxification | N | Long Term Care for month of entry plus one | C |
| Direct Observed Therapy | N | Long Term Care after month of entry plus one | N |
| Lenses for eyewear | N | CHDP | C |

Rate Calculation

| | Physician | Pharmacy | Hospital Inpatient | Hospital Outpatient | Long Term Care | Other | Total |
|-----------------------------|-----------|----------|--------------------|---------------------|----------------|---------|----------|
| 1. Average Cost Per Unit | \$16.06 | \$38.28 | \$249.90 | \$11.67 | \$177.26 | \$6.49 | |
| 2. Units per Eligible/year | 11.563 | 16.963 | 0.819 | 3.904 | 1.049 | 42.784 | |
| Cost per Elig. per Mo. | \$15.48 | \$54.11 | \$17.06 | \$3.80 | \$15.50 | \$23.14 | \$129.09 |
| 3. Adjustments | | | | | | | |
| a. Age/Sex | 1.008 | 1.010 | 1.038 | 0.997 | 1.047 | 1.013 | |
| b. Area | 0.915 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | |
| c. Coverages | 0.981 | 0.996 | 0.997 | 0.986 | 0.997 | 0.781 | |
| d. Interest | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | |
| Adjusted Base Cost | \$14.01 | \$54.43 | \$17.66 | \$3.74 | \$16.18 | \$18.31 | \$124.33 |
| 4. Legislative Adjustments | 0.984 | 0.879 | 0.969 | 1.423 | 1.433 | 0.963 | |
| 5. Trend Adjustments | | | | | | | |
| a. Cost per Unit | 1.000 | 1.262 | 1.194 | 1.000 | 1.000 | 1.000 | |
| b. Units per Eligible | 1.073 | 1.180 | 0.929 | 1.066 | 0.929 | 1.148 | |
| Projected Cost per Eligible | \$14.79 | \$71.25 | \$18.98 | \$5.67 | \$21.54 | \$20.24 | \$152.47 |
| 6. CHDP | | | | | | | 0.00 |
| 7. Adjustment to Pool | | | | | | 12.1% | 18.45 |
| Capitation Rate | | | | | | | \$170.92 |

Plan Name:

Plan # :

Date:

23-Jul-02

County:

Tulare

Plan Type: Commercial Plan

Aid Code Grouping:

Child

The Rate Period is October 1, 2001 to September 30, 2002

Capitation Payments at the End of the Month

Coverages (C = Covered by Plan, N = NOT Covered by Plan)

| | | | |
|---------------------------|---|--|---|
| CCS Indicated Claims | N | AIDS Waiver | N |
| GHPP | N | In Home Waiver | N |
| Hemodialysis | C | Model NF Waiver | N |
| Major Organ Transplants | N | Adult Day Health Care | N |
| Out-of-State | C | Newborn Hearing Screens | N |
| Chiropractor | N | Psychiatric Drugs | N |
| Local Education Authority | N | AIDS Drugs | N |
| Psychiatrist | N | Injections | C |
| Acupuncturist | N | MH - Hospital Inpatient | N |
| Alphafo Protein Testing | N | MH - Outpatient Services | N |
| Heroin Detoxification | N | Long Term Care for month of entry plus one | C |
| Direct Observed Therapy | N | Long Term Care after month of entry plus one | N |
| Lenses for eyewear | N | CHDP | C |

Rate Calculation

| | Physician | Pharmacy | Hospital Inpatient | Hospital Outpatient | Long Term Care | Other | Total |
|-----------------------------|-----------|----------|-----------------------|------------------------|-------------------|--------|---------|
| 1. Average Cost Per Unit | \$58.40 | \$17.50 | \$841.81 | \$18.79 | \$140.26 | \$6.45 | |
| 2. Units per Eligible/year | 5.196 | 3.068 | 0.436 | 2.787 | 0.019 | 10.564 | |
| Cost per Elig. per Mo. | \$25.29 | \$4.47 | \$30.59 | \$4.36 | \$0.22 | \$5.68 | \$70.61 |
| 3. Adjustments | | | | | | | |
| a. Age/Sex | 1.115 | 1.055 | 1.137 | 1.121 | 1.000 | 1.017 | |
| b. Area | 0.915 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | |
| c. Coverages | 0.974 | 0.984 | 0.952 | 0.973 | 0.996 | 0.882 | |
| d. Interest | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | |
| Adjusted Base Cost | \$25.13 | \$4.64 | \$33.11 | \$4.76 | \$0.22 | \$5.09 | \$72.95 |
| 4. Legislative Adjustments | 1.116 | 0.875 | 1.035 | 1.427 | 1.424 | 1.082 | |
| 5. Trend Adjustments | | | | | | | |
| a. Cost per Unit | 1.000 | 1.262 | 1.040 | 1.000 | 1.000 | 1.000 | |
| b. Units per Eligible | 1.000 | 1.180 | 1.066 | 1.000 | 1.000 | 1.148 | |
| Projected Cost per Eligible | \$28.05 | \$6.05 | \$37.99 | \$6.79 | \$0.31 | \$6.32 | \$85.51 |
| 6. CHDP | | | | | | | 4.08 |
| 7. Adjustment to Pool | | | | | | 12.1% | 10.35 |
| Capitation Rate | | | | | | | \$99.94 |

Plan Name:
 County: Tulare
 Aid Code Grouping: Adult

Plan #: Date: 23-Jul-02
 Plan Type: Commercial Plan

The Rate Period is October 1, 2001 to September 30, 2002 Capitation Payments at the End of the Month

Coverages (C = Covered by Plan, N = NOT Covered by Plan)

| | | | |
|---------------------------|---|--|---|
| CCS Indicated Claims | N | AIDS Waiver | N |
| GHPP | N | In Home Waiver | N |
| Hemodialysis | C | Model NF Waiver | N |
| Major Organ Transplants | N | Adult Day Health Care | N |
| Out-of-State | C | Newborn Hearing Screens | N |
| Chiropractor | N | Psychiatric Drugs | N |
| Local Education Authority | N | AIDS Drugs | N |
| Psychiatrist | N | Injections | C |
| Acupuncturist | N | MH - Hospital Inpatient | N |
| Alphafeto Protein Testing | N | MH - Outpatient Services | N |
| Heroin Detoxification | N | Long Term Care for month of entry plus one | C |
| Direct Observed Therapy | N | Long Term Care after month of entry plus one | N |
| Lenses for eyewear | N | CHDP | C |

Rate Calculation

| | Physician | Pharmacy | Hospital Inpatient | Hospital Outpatient | Long Term Care | Other | Total |
|-----------------------------|-----------|----------|--------------------|---------------------|----------------|---------|----------|
| 1. Average Cost Per Unit | \$164.23 | \$19.84 | \$910.95 | \$19.73 | \$0.00 | \$30.86 | |
| 2. Units per Eligible/year | 22.157 | 4.314 | 4.387 | 17.657 | 0.000 | 8.468 | |
| Cost per Elig. per Mo. | \$303.24 | \$7.13 | \$333.03 | \$29.03 | \$0.00 | \$21.78 | \$694.21 |
| 3. Adjustments | | | | | | | |
| a. Age/Sex | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | |
| b. Area | 0.915 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | |
| c. Coverages | 0.999 | 0.999 | 0.999 | 0.989 | 1.000 | 0.887 | |
| d. Interest | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | |
| Adjusted Base Cost | \$277.19 | \$7.12 | \$332.70 | \$28.71 | \$0.00 | \$19.32 | \$665.04 |
| 4. Legislative Adjustments | 1.060 | 0.872 | 1.016 | 1.432 | 1.242 | 1.045 | |
| 5. Trend Adjustments | | | | | | | |
| a. Cost per Unit | 1.000 | 1.262 | 1.040 | 1.000 | 1.000 | 1.000 | |
| b. Units per Eligible | 1.000 | 1.180 | 1.066 | 1.000 | 1.000 | 1.148 | |
| Projected Cost per Eligible | \$293.82 | \$9.25 | \$374.75 | \$41.11 | \$0.00 | \$23.18 | \$742.11 |
| 6. CHDP | | | | | | | 0.00 |
| 7. Adjustment to Pool | | | | | | 12.1% | 89.80 |
| Capitation Rate | | | | | | | \$831.91 |

Plan Name:
 County: Tulare
 Aid Code Grouping: AIDS

Plan #: Date: 23-Jul-02
 Plan Type: Commercial Plan

The Rate Period is October 1, 2001 to September 30, 2002 Capitation Payments at the End of the Month

Coverages (C = Covered by Plan, N = NOT Covered by Plan)

| | | | |
|---------------------------|---|--|---|
| CCS Indicated Claims | N | AIDS Waiver | N |
| GHPP | N | In Home Waiver | N |
| Hemodialysis | C | Model NF Waiver | N |
| Major Organ Transplants | N | Adult Day Health Care | N |
| Out-of-State | C | Newborn Hearing Screens | N |
| Chiropractor | N | Psychiatric Drugs | N |
| Local Education Authority | N | AIDS Drugs | N |
| Psychiatrist | N | Injections | C |
| Acupuncturist | N | MH - Hospital Inpatient | N |
| Alphafeto Protein Testing | N | MH - Outpatient Services | N |
| Heroin Detoxification | N | Long Term Care for month of entry plus one | C |
| Direct Observed Therapy | N | Long Term Care after month of entry plus one | N |
| Lenses for eyewear | N | CHDP | C |

| Rate Calculation | Physician | Pharmacy | Hospital Inpatient | Hospital Outpatient | Long Term Care | Other | Total |
|-----------------------------|-----------|----------|--------------------|---------------------|----------------|---------|----------|
| 1. Average Cost Per Unit | \$25.87 | \$141.75 | \$750.98 | \$17.75 | \$228.06 | \$14.00 | |
| 2. Units per Eligible/year | 29.254 | 46.897 | 3.823 | 28.506 | 0.450 | 78.563 | |
| Cost per Elig. per Mo. | \$63.07 | \$553.97 | \$239.25 | \$42.17 | \$8.55 | \$91.66 | \$998.67 |
| 3. Adjustments | | | | | | | |
| a. Age/Sex | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | |
| b. Area | 0.915 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | |
| c. Coverages | 0.918 | 0.663 | 0.957 | 0.992 | 0.998 | 0.642 | |
| d. Interest | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | |
| Adjusted Base Cost | \$52.98 | \$367.28 | \$228.96 | \$41.83 | \$8.53 | \$58.85 | \$758.43 |
| 4. Legislative Adjustments | 1.070 | 0.826 | 0.989 | 1.378 | 1.529 | 1.001 | |
| 5. Trend Adjustments | | | | | | | |
| a. Cost per Unit | 1.000 | 1.262 | 1.194 | 1.000 | 1.000 | 1.000 | |
| b. Units per Eligible | 1.073 | 1.180 | 0.863 | 0.929 | 1.000 | 1.148 | |
| Projected Cost per Eligible | \$60.83 | \$451.77 | \$233.33 | \$53.55 | \$13.04 | \$67.63 | \$880.15 |
| 6. CHDP | | | | | | | 0.00 |
| 7. Adjustment to Pool | | | | | | 12.1% | 106.50 |
| Capitation Rate | | | | | | | \$986.65 |